

This sample resolution for an AIP Matching grant is written for a county-owned airport. It can easily be changed for use with an airport that a city or district operates. The font size and page margins have been modified so that the example fits on a single page. These should be adjusted for a "final" version as well as incorporating any changes to accommodate local formatting requirements.

RESOLUTION NO. ____

A resolution of the _____ County Board of Supervisors authorizing the submittal of an application, acceptance of an allocation of funds and execution of a grant agreement with the California Department of Transportation, for an Airport Improvement Program (AIP) Matching grant.

WHEREAS, the County of _____ and the Federal Aviation Administration are parties to federal Airport Improvement Program (AIP) grant 3-06-_____ for [brief description of project] at the [airport name] Airport; and

WHEREAS, the California Department of Transportation, pursuant to the Public Utilities Code section 21683.1, provides grants of 2.5% of Federal Aviation Administration grants to airports; and

WHEREAS, the California Department of Transportation requires the Board of Supervisors to adopt a resolution authorizing the submission of an application for an AIP Matching grant;

NOW, THEREFORE BE IT RESOLVED that the Board of Supervisors of the County of _____, State of California:

1. Authorizes filing an application for a state AIP Matching grant for this project.
2. Authorizes accepting the allocation of state AIP Matching funds for the project.
3. Authorizes execution of an AIP Matching Grant Agreement for this project; and

BE IT FURTHER RESOLVED, that the Board of Supervisors of the County of _____ does hereby authorize [name and title of person authorized] to sign any documents required to apply for and accept these subject funds on behalf of the County of _____.

I hereby certify the foregoing resolution was introduced and read at the regular meeting of the County Board of Supervisors of the County of _____ on the _____ day of _____, 20____, and the resolution was duly adopted at said meeting by the following vote:

AYES: _____

NOES: _____

ABSENT: _____

ABSTAIN: _____

(Chairman's name) , Chairman
(County Name) County Board of Supervisors

ATTEST:

(Clerk's name) , Clerk of the Board of Supervisors
County of (County Name), State of California